

FOR PAPER FILING ONLY

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Re-Elect Becky Stinchcomb for Mayor Committe						Registration Number, if PAC						
Full Name of Candidate Rebecca W. Stinchcomb												
Street Address 1012 Cloverly Dr.					Office Sought Mayor		District Gahanna					
City Gahanna					State OH	Zip Code 43230						
Type of Report (place X to the left of report type)	<input checked="" type="checkbox"/>	Pre-Primary	<input type="checkbox"/>	Post-Primary	<input type="checkbox"/>	Pre-General	<input type="checkbox"/>	Post-General	<input type="checkbox"/>	Annual Year		
	<input type="checkbox"/>	July Monthly	<input type="checkbox"/>	August Monthly	<input type="checkbox"/>	September Monthly	<input type="checkbox"/>	Termination	<input type="checkbox"/>	Semiannual		
Amended Report?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Report Electronically Filed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date of Election	0 ^M	5	0 ^D	8	0 ^Y	7

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box No other forms are required for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	\$0.00
2. Total monetary contributions (From Form No. 31-A)	\$	\$2,233.34
3. Total other income (From Form No. 31-A-2)	\$.
4. Total funds available (sum of lines 1, 2, 3)	\$	\$2,233.34
5. Total monetary expenditures (From Form No. 31-B)	\$.
6. Balance on hand (line 4 minus line 5)	\$	\$2,000.00
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	\$99.45
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$.
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	\$233.34
10. Outstanding debts owed by committee (From Form No. 31-N)	\$.
11. Outstanding loans owed to committee (From Form No. 31-K)	\$.
12. Value of independent expenditures made (From Form No. 31-U)	\$.
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$.

FRANKLIN COUNTY
BOARD OF ELECTIONS
07 DEC 13 AM 10:47
FILED

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Gregory C. Trout

Print Name and Title (Treasurer and Deputy Treasurer only)

Gregory Trout
Signature

12/11/07

Date

Contribution pages 1

Expenditure pages _____

Other pages _____

Total pages 1

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Re-Elect Becky Stinchcomb for Mayor Committe										
Full Name of Contributor Rebecca W. Stinchcomb							Registration Number, if PAC			
Street Address 1012 Cloverly Dr.				Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Loans		
City Gahanna		State OH	Zip Code 43230		M 0	D 3	Y 0	Y 7	Amount \$233.34	
Full Name of Contributor							Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount		
OH										
Full Name of Contributor							Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount		
OH										
Full Name of Contributor							Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount		
OH										
Full Name of Contributor							Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount		
OH										
Full Name of Contributor							Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount		
OH										
Full Name of Contributor							Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount		
OH										
Full Name of Contributor							Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount		
OH										

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

